DISTRICT OF COLUMBIA GOVERNMENT

DECLARATION OF APPOINTEE

INSTRUCTIONS TO APPOINTEE: Answer all questions. A false statement or dishonest answer to any questions may be grounds for termination after appointment. Type, print or write legibly in ink.

1. NAME (Last, First, Middle)	2. PRESENT ADDRESS (No, Street, Cit	y, State, Zip Code
3. Do you receive or have you applied for an anni retirement system? (Answer by placing an "X"		Yes N
4. If you have applied for or are receiving an anni civilian Service Retirement System) or any oth severance pay, separation pay) provide the following the severance pay.	ner type of compensation based upon District go	
a. Name of retirement system:		
b. Amount of annuity:		
c. Other type of compensation:		÷
Pursuant to D.C. Official Code § 1-617.05 (2 labor organization to participate in, authorize		
Signature of Appointee	Da	ate